RESET

For official use only:	Customer Name	Case or SR#	Customer No

FS Form 2490 (Revised August 2022) OMB No. 1530-0037

Description of United States Savings Bonds & Notes

BUREAU OF THE Fiscal Service
U.S. DEPARTMENT OF THE TREASURY

SEND TO: Treasury Retail Securities Services, PO Box 9150, Minneapolis, MN 55480-9150.

The following is a list of United States Savings Bonds & Notes currently in my possession:

ISSUE DATE (Specific month and year of purchase)	**FACE AMOUNT**	**BOND NUMBER**	**INSCRIPTION** (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses [street, city, state] on the bonds.)

(If more space is needed, use the continuation sheet on page 2.)

Submitted by:

Sign Here: _____
(Signature)

_____ _____
(Print Name) (Social Security Number)

Home Address _____ _____
(Number and Street or Rural Route) (Daytime Telephone Number)

_____ _____
(City) (State) (ZIP Code) (E-mail Address)

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. CH. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information, the Fiscal Service may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

We estimate it will take you about 06 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "SEND TO" at the top of this form.**

ISSUE DATE (Specific month and year of purchase)	**FACE AMOUNT**	**BOND NUMBER**	**INSCRIPTION** (Provide complete Social Security Number [for example, 123-45-6789], names, including middle names or initials, and addresses [street, city, state] on the bonds.)